

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:
 DFAS Accounts Payable (A/P)
 P.O. Box 1643
 Jefferson City, MO 65102-1643

DFAS USE ONLY		
EFT _____	PAPER _____	VENDOR#:

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	
VENDOR/PAYEE NAME	AMOUNT OF PAYMENT	
Alliance For Life - Missouri Inc	\$179,194.85	

CONTRACT, FR, OR PG NUMBER (if applicable):	CS170042001/ [REDACTED]
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE <i>(Indicate the exact words from coding sheet):</i> ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
February 2018 Payment

DFAS USE ONLY - DO NOT WRITE/MARK BELOW

ENCUMBER:		DATE:	
PURCHASING:			
PO#		COMM LINE:	INIT/DATE:
ACCOUNTS PAYABLE			
DATA ENTRY:		APPROVAL:	

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001 Vendor Name: Alliance for Life - Missouri Inc
Vendor Number: [REDACTED] Vendor Address: P.O. Box 65
Greenwood, MO 64034

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
221 W. High St., Room 310
P.O. Box 1082
Jefferson City, MO 65102-1082

Invoice Number: 2018-08
Invoice Date: 1-Feb-18
Service Period: Feb 1 - Feb 28, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ 1,184,370.76	\$ 179,194.85

Quarterly expenditure adjustment:

Total Due: \$ 179,194.85

Allocation Remaining \$ 786,772.54

Signature: Marsha Middleton

DEPT OF
SOCIAL SERVICES
18 FEB 15 AM 8:53
DIVISION OF FINANCE

Approved
2-15-18
J. E. Berne